

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010814

STATE FILE NUMBER

2562

FILED MAR 27 1959

Registration District No.

Primary Registration District No.

Registration No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital # 1 | | d. STREET ADDRESS (If outside, give location) 5608 Pershing Ave. | |
| 3. NAME OF DECEASED (Type or print) First John Middle Joseph Last Corbett | | 4. DATE OF DEATH Month March Day 12th Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 5, 1885 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk | | 9b. KIND OF BUSINESS OR INDUSTRY Hotel | |
| 10a. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 10b. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 11a. FATHER'S NAME John J. Corbett | | 11b. MOTHER'S MAIDEN NAME Johanna Cashman | |
| 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 13. SOCIAL SECURITY NO. 498-09-6440 | |
| 14. NAME OF HUSBAND OR WIFE | | 15. ADDRESS Joseph Corbett, 5608 Pershing Ave. | |
| 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 331X DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 17. INTERVAL BETWEEN ONSET AND DEATH |
| 18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 19c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | 20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21e. CITY, TOWN, OR LOCATION St. Louis, Missouri | |
| 21. I attended the deceased from Death occurred at 5:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 21. I attended the deceased from Mar 2, 1959 to Mar 12, 1959 and last saw her alive on Mar 12, 1959 | |
| 22a. SIGNATURE (Degree or title) Arthur J. Donnelly, M.D. | | 22b. ADDRESS 1515 Lafayette Ave | |
| 22c. DATE SIGNED Mar 12, 1959 | | 22d. LOCATION (City, town, or county) St. Louis, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Mar. 13, 1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY Calvary | | 23d. LOCATION (City, town, or county) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR Arthur J. Donnelly, 3840 Lindbergh Blvd. | | 25. DATE RECD. BY LOCAL REG. MAR 13 '59 | |
| 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4699

P. O. Address 3840 Lendall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.